

FAMILY DECLARATION FORM

DETAILS OF FAMILY

Name of the Employee _____

Designation _____ Dept. _____

Date of Birth _____ Dt. Of Appointment _____

Details of members of family as on _____

Sr. No.	Name of family members	Date of Birth	Relationship with employee	Income from Pension/ other sources	Remarks

I hereby undertake to keep the above particulars up-to date by notifying to the Head of Office any addition / alteration.

Place: _____

Date: _____

(Signature of employee)

Through: Head of the Dept./Section Head

DECLARATION ACCEPTED

Head of Institution

Declaration of Family Members

(Year: - 1st January to 31st December 200.....)

Certified that following members of my family declared wholly /mainly dependant on me in terms of rule 1 and 2 of section 4 of C.S. (M.A.) Rules and are residing with me.

Sr. No.	NAME	AGE	RELATION	INCOME	ADDRESS

Date :

(Signature of Employee with designation)

Endorsement by Concerned HOD :

Signature :

Name :

Designation :

Date :